

CITY OF HALLANDALE BEACH

REFERENCE FORM

Project: RFP # FY 2013-2014-001 CCNA Basis for Design Report

Proposer Company name:

Name of Person providing reference information:

Telephone Number:

E-mail Address:

Reference Project Description/Name:

Please answer the following questions regarding services provided by the proposer listed above.  
Please sign and date the questionnaire and return no later than \_\_\_\_\_.

You may fax your response to: Andrea Lues, Procurement Director  
Fax: 954-457-1342  
e-mail: alues@cohb.org

Questions:

1. Please provide in detail the services provided by the company for your entity.
  2. Rate the level of commitment of the Consultant to your project. Did the Consultant devote the time and personnel necessary to successfully complete your project?  
1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Lowest Highest
  3. Rate the competence and accessibility of the personnel directing, supervising and performing the work on your project.  
1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Lowest Highest
  4. Rate the Consultant's success at keeping you updated and informed about the progression of the project, particularly when special needs or problems arose.  
1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Lowest Highest
  5. Rate the Consultant's success at minimizing change orders for your project.  
1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Lowest Highest
- If there were change orders, did your entity request the change? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, did you feel the change order(s) were a reflection on the contractor's ability? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Rate the Consultant's success at completing tasks within the timeline established for completion of your project.  
1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Lowest Highest

7. Rate the Consultant's success at completing your project within the contract price.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Lowest Highest

8. Rate the Contractor's success at completing your project according to specifications and contract requirements.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Lowest Highest

9. Rate the accessibility of the Consultant after completion of your project.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Lowest Highest

10. Rate the overall performance of the Consultant on your project.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Lowest Highest

11. If you had a similar project to undertake in the future, would the Consultant be considered to perform the work?

Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person Providing Reference Name: \_\_\_\_\_  
Please Print

Title: \_\_\_\_\_  
Please Print

Signature: \_\_\_\_\_ Date: \_\_\_\_\_